

COUNT (II)

Loudoun County Government

Fashion Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering:

Eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.^{/1}

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection./1

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

Eye On Health program

Diabetic patients will receive two annual eye examinations covered in full **after a \$15 copayment**, with updated lenses if your eye doctor determines they are clinically necessary. Log on to our web site at **www.davisvision.com** to select an in-network provider and make your appointment today.

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



For more details about the plan, just log on to the Open Enrollment section of our Member site at **davisvision.com** and enter Client Code 7010 or call **1-888-235-3107**.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

IN-NETWORK BENEFITS				
Eye Examination	Every 12 months, Covered in full after \$15 copayment			
Eyeglasses				
Spectacle Lenses	Every 12 months, Covered in full after a \$15 copayment			
Speciacie Lenses	For standard single-vision, lined bifocal, or trifocal lenses			
Frames	Every 24 months Any Fashion frame from Davis Vision's Collection ^{/1} (value up to \$100) Covered in full OR			
	\$110 retail allowance toward any frame from provider, plus 20% off balance $^{\!\!\!/3}$			
Contact Lenses (In lieu of eyeglasses)				
Contact Lenses	Every 12 months, \$15 copayment			
	Contact lenses from Davis Vision's Contact Lens Collection ^{/1}			
	- Disposable, four boxes/multi-packs			
	- Planned Replacements, two boxes/multi-packs OR			
	\$100 retail allowance toward provider supplied contact lenses, plus 15% off balance ^{/3}			
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Covered in full with the Davis Vision's Contact Lens Collection ^{/1}			

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS				
MOST POPULAR OPTIONS Savings based on in-network usage and average retail values.	Without Davis Vision	With Davis Vision		
Scratch-Resistant Coating	\$25	\$0		
Polycarbonate Lenses	\$66	\$0/2-\$35		
Standard Anti-Reflective (AR) Coating	\$83	\$40		
Standard Progressives (no-line bifocal)	\$198	\$65		
Plastic Photosensitive (Transitions®4)	\$110	\$70		

Lower costs and more benefits! See the savings!

Lower costs and more benefits: See the sa				
Service	Without Davis Vision	With Davis Vision		
Eye Examination	\$103	\$15		
Lenses				
Bifocals	\$116	\$15		
Scratch-Resistant Coating	\$25	\$0		
Transitions® ^{/4}	\$110	\$70		
Frame	\$160	\$0		
Total	\$514	\$100		

Savings up to: \$398

^{1/} The Davis Vision Collection is available at most participating independent provider locations.

For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

^{3'} Additional discounts not applicable at Walmart locations. ^{4'} Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at **davisvision.com** and enter Client Code 7010 or call **1-888-235-3107**.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$15
Premier Frame (from the Davis Vision Collection)	\$195	\$40
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Scratch-Resistant Coating	\$25	\$0
Tinting of Plastic Lenses	\$25	\$15
Polycarbonate Lenses	\$66	\$0 ^{/1} or \$35
Ultraviolet Coating	\$25	\$15
Standard Anti-Reflective (AR) Coating	\$83	\$40
Premium AR Coating	\$104	\$55
Ultra AR Coating	\$121	\$69
Standard Progressive Addition Lenses	\$198	\$65
Premium Progressives (Varilux®/2, etc.)	\$247	\$105
High-Index Lenses	\$120	\$60
Polarized Lenses	\$103	\$75
Photochromic Glass Lenses	\$45	\$20
Plastic Photosensitive Lenses	\$110	\$70
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

^{1/} Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit P.O. Box 1525 Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$35 | Frame up to \$35 Spectacle Lenses (per pair) up to: Single Vision \$25, Bifocal \$40, Trifocal \$45, Lenticular \$125 Elective Contacts up to \$95, Medically Necessary Contacts up to \$210

^{2/} Varilux® is a registered trademark of Societe Essilor International